#### **RECEIVED**

By Ellen Strawsine at 4:42 pm, Jan 12, 2016



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

### INTOX DMT MAINTENANCE REPORT

					KEF	OKI
Complete this report at the time of the regular Complete this report whenever the instrument of the complete this report whenever the instrument of the complete	ent is serviced or re	epaired and when	ever it is placed	(ceed 35 days).		
Retail the original and send a copy within	15 days to the Brea	ath Alcohol Progra	am, DHSS.	into service.		
142819 NAME OF AGENCY Missouri State Highway Patrol			DATE OF INSPECTION 01/08/2016			
LOCATION OF INSTRUMENT (STREET AND CITY) Howell County Sheriff's Office, West Plains, MO			TIME OF INSPECTION 08:40:32			
CHECKLIST: Place a mark in the box by	each item if found to	o be satisfactory o	r is operating wi		(Write in observed	
values where determined). Unmarked item  DIAGNOSTIC RECORD	s must be corrected	d before using ins	trument.			
DATE AND TIME01/08/2016 08:4	0.25	<b>5</b>				
☑ PROGRAM	0.35		TECTOR			
		⊠ FIL				
SAMPLE CHAMBER 48.8°C		⊠ FIL	TER 2			
BREATH TUBE 48.1°C		⊠ FIL	TER 3			
☐ PUMP BREATH ANALYZER ACCURACY STAI	15.1556	⊠ INT	ERNAL STAN	DARD		
☐ SIMULATOR STANDARD	NDARDS					
				THANOL-GAS MIXT	URE	
STANDARD SUPPLIER INTOXIME	TERS	LOT#_AG51		EXP. DATE	06/17/2017	
SIMULATOR TEMP (34°C ± 0.2°C)		SIMULATOR S		SIMULATOR EXP	DATE	
☐ CALIBRATION CHECK - (ONLY ONE Run three tests using a standard, All the of .005 or less. Mark the box correspond 0.10% STANDARD - MUST R     ☐ 0.08% STANDARD - MUST R     ☐ 0.04% STANDARD - MUST R	EAD BETWEEN 0. EAD BETWEEN 0.	.095% AND 0.105 .076% AND 0.084	5% INCLUSIVE 1% INCLUSIVE		ad	
TEST 1: 0.098	TEST 2: 0.098			TEST 3: 0.098		
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH 1	ESTS IN THE FO	LLOWING RAN	GES SINCE TH	HE LAST MAINTEN	ANCE REPORT:	
REFUSALS: 0 004: 3	.0509: 1	.101		.1519: 0	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION O ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	R MODIFICATION THAT W	AS MADE TO RESTORE	THE INSTRUMENT TO	OPERATE SATISFACTORIL	Y AND WITHIN	
			200124-11		and the second s	
	550					
						_
NSPECTING OFFICER				SALAN CONTRACTOR OF THE PARTY OF	VIVE CONTRACTOR	
SIGNATURE			ILL NAME MAS E YOUN	lG.		BIRE
240189	EXPIRATION 104/22	1, 75,113000	TELEPHONE NUM	BER		-
RETURN COMPLETED REPORT TO TH			417-469-3	121 Ith and Senior Service	200	
	Southeast Distr	ict Office vd, Poplar Bluff, M		sine comoi cervic		1
O 580-2898 (3-13)	AN EQUAL OPPO	ORTUNITY/AFFIRMATIVE	ACTION EMPLOYER			



#### Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

### **Certificate of Analysis**

**Customer Name** 

Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 17-Jun-2015

Lot # AG516801

Exp. Date 17-Jun-2017 Cyl. Type 108

Component

**Certified Concentration** 

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2015.06.17 15:18:11 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Analyst:

Pod Moraele

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM** 



# **PERMIT** TYPE II

# THOMAS E YOUNG III

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

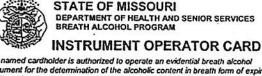
## DATAMASTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

377.020 (1100g)1 377.041, H5100 and 306.111	through 306.119 RSMo.
DATE4/22/2014	want
i.	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240189	Dal Vasterly
EXPIRES 4/22/2016	
10 E00 0771 /C 100	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

O 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol.



YOUNG III, THOMAS

Permit No 240189

Date Issued 4/22/2014 Date Expires 4/22/2016